

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
09/825707	12/04/06
APPLICANT(S)	

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19	<i>Canceled</i>						69
20		1					70
21	<del>1</del>						71
22	<del>1</del>						72
23		1					73
24	<del>1</del>						74
25	<del>1</del>						75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2						
TOTAL DEP.	12	➡	➡	➡			
TOTAL CLAIMS	14						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS